## **REQUEST FOR EXEMPTION TO HIRING FREEZE**

Agency/Department		Company #		Date	
Job Class Title		Job Class Code	Pos	sition #	
	General Fund her Funds	Date Position Vacant	Reason for Vacancy		
Level of Work (Select One)					
☐ Management ☐ Supervisory ☐ Non-Supervisory					
Type of Work					
☐ Patient Care	□ F	Public Safety & Health	Revenue Producin	g	
☐ Inmate Custo	dy & Control 🔲 🛭	Direct Social Services	☐ Other		
How is work being performed now?					
(weekly cost)					
Overtime		Position Curre	ntly Filled		
□ Not Being Performed □ Divided Among Others					
Why is the Commissioner recommending the hiring freeze be waived? Please address all alternatives considered for accomplishing the Agency's mission without additional hiring.					
Position Location		How many other simila	r positions in this location?		
BUDGET OFFICE USE  Comments					
Signature					Date
ADMINISTRATIVE & FINANCIAL SERVICES USE					
Comments					
Signature					Date
DEPARTMENT OR AGENCY HEAD USE					
Received	Comments				
Approval	Cimpature				Data
Disapproval	Signature				Date